

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>09782128</i>	FILING DATE					
						APPLICANT(S)						
						CLAIMS						
NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		NO.	*		NO.	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.		IND.	DEP.
1	1		1				51					
2	1		1				52					
3	1		1				53					
4	1		1				54					
5	1		1				55					
6	1		1				56					
7	1		1				57					
8	1		1				58					
9	1		1				59					
10	1		1				60					
11	1		1				61					
12	1		1				62					
13	1		1				63					
14	1		1				64					
15	1		1				65					
16	1		1				66					
17	1		1				67					
18	1		1				68					
19	1		1				69					
20	1		1				70					
21	1		1				71					
22	1		1				72					
23	1		1				73					
24	1		1				74					
25	1		1				75					
26	1		1				76					
27	1		1				77					
28	1		1				78					
29	1		1				79					
30	1		1				80					
31	1		1				81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	1		4				TOTAL IND.					
TOTAL DEP.	14		29				TOTAL DEP.					
TOTAL CLAIMS	23		31				TOTAL CLAIMS					

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

PTO-1360 (3-78)

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